

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S.H	1085	5/25/01
RESPONSE FORMALITY REVIEW	MD	2090	09/12/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/5/03
2	✓	✓	5/5/03
3	✓	✓	5/5/03
4	✓	✓	5/5/03
5	✓	✓	5/5/03
6	✓	✓	5/5/03
7	✓	✓	5/5/03
8	✓	✓	5/5/03
9	✓	✓	5/5/03
10	✓	✓	5/5/03
11	✓	✓	5/5/03
12	✓	✓	5/5/03
13	✓	✓	5/5/03
14	✓	✓	5/5/03
15	✓	✓	5/5/03
16	✓	✓	5/5/03
17	✓	✓	5/5/03
18	✓	✓	5/5/03
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20	✓	✓	5/5/03
21	✓	✓	5/5/03
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23	✓	✓	5/5/03
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25	✓	✓	5/5/03
26	✓	✓	5/5/03
27	✓	✓	5/5/03
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If more than 150 claims or 10 actions  
 staple additional sheet here

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781  
 04-13-01